

Guidelines for Developing

Office Policies and Procedures
For Victims of Intimate Partner Violence
At Family PACT Sites

NOTE: This information packet is intended to be used in whole or in part of a policy and procedure manual that relates to care of patients who are victims of intimate partner abuse. Its contents may be copied for patient or practitioner use, but the author must be contacted if any part is used for research or included in another publication.

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I. Health Care IPV Protocol Checklist for Development or Evaluation

. Onice Policy and Procedure		
Facility:	Date:	
Reviewer:		

Health Care IPV Protocol Checklist for Development or Evaluation

Use this chart to develop or review your protocol for accuracy and thoroughness.

Protocol Element Evaluation				tion
	Satisfactory	Needs Improvement	Missing	Comments
A. <u>Definition of Intimate Partner Violence</u>				
Protocol addresses each of the following:				
 Definition of intimate partner violence Description of various manifestations and types of abuse (physical, sexual, psychological). Reinforces that IPV victims may be adult, adolescent, elderly, bisexual/lesbian/gay.) 				
B. <u>Screening</u>				
IPV may be identified through either patient disclosure or by pattern recognition. Screening is a process of routine inquiry in writing or verbally about the possibility of violence in the patient's life. Procedures identified in the protocol include direct guidance on:				
 How to ask questions (framing questions, direct questions, indirection questions) 				
How to inform the patient of the requirement to report abuse				
Clinical findings which may indicate abuse				
What to do when the patient denies abuse and/or refuses to discuss abuse when it seems evident				
 Establishment of culturally and personally sensitive means of physical separation for screening 				
 Procedure for determining how often patients will be screened (i.e., patients with regularly scheduled appointments such as prenatal patients) 				
7. Roles and responsibilities of staff are defined				
Use of interpreters including American Sign Language				
9. Use of chart prompts				
10. Documenting the screen and its results				

Protocol Element			Evaluation			
	Satisfactory	Needs Improvement	Missing	Comments		
C. Assessment						
Once patient has been identified as a victim of IPV, the staff is assists						
the patient in assessing his/her situation so that appropriate interventions and problem solving can take place. Protocol includes						
guidelines to:						
Assess patient in a setting separate from the batterer						
Address immediate safety needs of the patient						
Secure a history of present complaints						
Obtain information on relevant past medical history regarding IPV						
5. Assess for other related physical and mental health problems						
Assess for risk of homicide/suicide						
7. Identify social, economic, cultural issues, or other conditions						
(e.g., pregnancy or immigration status) that could affect						
intervention						
Assess safety of children and other dependents						
Roles and responsibilities of staff are defined						
D. Intervention						
Protocol outlines the following:						
Importance of a patient and non-judgmental approach Industrial materials that should be given to the nations.						
2. Education materials that should be given to the patient3. Victims of Crime funding application and program						
Instructions on how to develop an immediate long-term and/or						
short-term safety plan						
Resource materials and appropriate referrals						
Requirements and procedure for reporting to law enforcement						
7. Follow-up for patients on subsequent visits						
8. Roles and responsibilities of staff are defined						
E. Documentation						
Protocol requires chart documentation to include:						
Description of nature of assault/abuse						
Assessment of danger and safety planning						
Assessment of children and other dependents						
Assessment of decision making capacity						
5. Treatment administered						
6. Referrals made with follow-up plans						
7. Resources provided to patient						
8. Copy of report made to local law enforcement						
Written, diagrammatic and/or photographic documentation of						
injuries						
10. Diagnosis						
11. Follow-up arrangements						

II. Definition of Intimate Partner Violence



Definition of Intimate Partner Violence

The term *Intimate Partner Violence* is gradually being incorporated to refer to *Domestic Violence* because it specifies abuse of a partner as opposed to abuse of a child or elder crimes which also tend to occur in the home or domicile.

Domestic Violence is broadly defined as:

- a pattern of assaultive or coercive behaviors
- including physical, sexual, psychological attacks as well as economic coercion
- that adults or adolescents use against their intimate partners

CDC Definition of Intimate Partner Violence

- Intimate partner violence (IPV) is the threatened or actual use of physical force against an intimate partner that either results in or has the potential to result in death, injury, or harm.
- Intimate partner violence includes physical and sexual violence, both of which are often accompanied by psychological or emotional abuse.
- It may also include psychological or emotional abuse that without physical or sexual violence when such violence has previously been threatened or committed during the relationship.

The California Penal Code continues to refer to the crime as Domestic Violence and defines it as:

- abuse committed against an adult or fully emancipated minor who is a spouse or former spouse, cohabitant, former cohabitant or person with whom the suspect has had a child or is having a child or with whom they have had a dating or engagement relationship.
- abuse is intentionally or recklessly causing or attempting to cause bodily injury OR placing another person in reasonable apprehension or imminent serious bodily injury.



Manifestations of Abuse

- **I. Abusive behaviors** (developed by Ganley, A & Schecter, S. for the Family Violence Prevention Fund)
 - A. **Physical abuse:** spitting, poking, shaking, grabbing, shoving, pushing, throwing, hitting open handed, hitting closed handed, restraining, blocking escape, choking, hitting with objects, beating, kicking, using weapons, burning, controlling a victim's access to health resources, etc.
 - B. **Sexual abuse:** persistently pressuring for sex, coercing sex through a variety of tactics, forcing sex in front of others, forcing sex with children or third parties, physically forcing or harming the victim sexually, etc.
 - C. Psychological attacks: violent acts against children or others to control the intimate partner; threats of violence against victims, other or self; intimidation through attacks against pets or property; yelling; stalking; controlling the victim's activities; isolating the victim; controlling the victim through immigration status; controlling the victim's access to resources (e.g., health care, medication, automobile, friends, schooling, jobs, child care, etc.) emotional abuse; forcing the victim to do degrading things; controlling the victim's schedules, including health appointments, etc.
 - D. **Economic coercion:** withholding funds, spending family funds, making most financial decision unilaterally, not contributing financially to the family, controlling the victim's access to health insurance, etc.

II. Effects on the victims

- A. **Psychological effects** (from Shornstein: Domestic violence and Health Care, Sage Publications, 1998)
 - 1. Post Traumatic Stress Disorder (PSTD)
 - a. First used to describe the symptomatology of post combat veterans and has subsequently been applied to the effects seen in victims of other stressful situations.
 - Person exposed to a traumatic event that was serious and/or life threatening and their response involved intense fear, helplessness or horror
 - The traumatic event is persistently re-experienced in defined ways
 - Persistent avoidance of stimuli associated with the trauma
 - Persistent symptoms of increased arousal (difficulty falling asleep, irritability or outburst of anger, difficulty concentrating, hypervigilance, exaggerated startle response)
 - Duration of the disturbance more than 1 month
 - Disturbance causes clinically significant distress or impairment in functioning



Manifestations of Abuse (page 2)

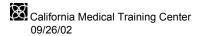
- Battered Woman's Syndrome may be a subset of PSTD but not officially recognized by the American Psychiatric Association
- 2. American Psychiatric Association (1994) also noted a "constellation of symptoms" that may occur in conjunction with interpersonal stressors such as domestic battering:
 - a. Impaired affect modulation
 - b. Self destructive and impulsive behaviors
 - c. Dissociative symptoms
 - d. Somatic complaints
 - e. Feelings of ineffective ness, shame, despair, or hopelessness
 - f. Feeling permanently damaged
 - g. A loss of previously sustained beliefs
 - h. Hostility
 - i. Social withdrawal
 - j. Feeling constantly threatened
- 3. Suicide or homicide ideation
- 4. Depression/Anxiety
- 5. Alcohol and drug use
- 6. Sexual dysfunction
- 7. Eating disorders

III. Medical Problems associated with victimization (from Koss: "Somatic Consequences of Violence Against Women", Archives Family Med, 1992)

- A. Injuries
- B. Sexually Transmitted Diseases
- c. Constitutional Symptoms (weight loss, weight gain, fatigue)
- D. Chronic Pain in any organ system
- E. Post Concussive syndrome
- F. Post trauma rehabilitation and reconstructive surgery
- G. Drug dependency
- H. Somatization

IV. Medical Problems associated with victimization

- A. Delayed Prenatal Care
- B. Early onset labor
- c. Miscarriage
- D. Increased rate of cesarean section
- E. Antenatal hospitalizations
- F. Hyperemesis
- G. Low birth weight infants





Manifestations of Abuse (page 3)

■ V. Impact on Children

- A. Physical injuries
 - Prenatal: skull fractures, placental disruption, maternal fetal blood mixing
 - 2. "Caught in the Crossfire" injuries
 - 3. Batterer abuses child
 - 4. Victim abuse child
 - a. to prevent greater injury by batterer
 - b. victim becomes the perpetrator
- B. Neglect
 - 1. Substance abuse
 - 2. Depression
 - 3. Numb/desensitized emotionally unavailable
- C. Behavioral/Mental Health
 - 1. Infants/toddlers
 - a. eating disturbances
 - b. developmental regression
 - c. language delay
 - d. attachment disorders
- D. School age
 - 1. psychosomatic complaints
 - 2. enuresis
 - 3. school failure/absenteeism
 - 4. parentification
 - 5. violence
 - 6. depression
- E. Adolescence
 - 1. antisocial behavior
 - 2. dating violence
 - 3. school failure/absenteeism
 - 4. parentification
 - 5. runaway
 - 6. depression/suicide gestures
 - 7. runaway
- F. Any age
 - 1. sleeping disorders
 - 2. eating disorders
 - 3. relationship problems

III. Screening Guidelines



Legal Requirements in Screening for Domestic Violence

Screening for Domestic Violence

The domestic violence screening law (Health and Safety Code 1233.5, 1259.5) required licensed clinics, general acute care hospitals, psychiatric hospitals, psychiatric health facilities, and chemical dependency recovery hospitals to establish and adopt written polices and procedures for screening patients for spousal and partner abuse by July 1, 1995. These policies and procedures shall include:

- Identification of spousal and partner abuse among patients.
- Documentation in the medical record of the patient's injuries or illnesses attributable to spousal and partner abuse
- For patients who are positively screened, provision of a referral list of community agencies that provide, at a minimum, information on shelter services for battered women, counseling, legal services, and how to arrange for restraining orders

In order to protect patients, all screening and crisis intervention must be conducted in a private setting.

System changes must be made in order that screening is easy for the practitioner and resources and referrals are known in advance.



Possible Screening Questions for Intimate Partner Violence

While inquiring about abuse may seem difficult at first, recognizing that it is important, legitimate and potentially lifesaving to ask, may help clinicians overcome their initial hesitations and become comfortable addressing domestic violence with their patients. Clinicians can help decrease a woman's potential discomfort by framing questions in ways that let her know that he/she is not alone, that the provider takes this issue seriously, is comfortable hearing about abuse, and that help is available. With practice, each clinician will develop his or her own style of asking questions about abuse.

- 1. Framing Questions. Sometimes it feels awkward to suddenly introduce the subject of abuse, particularly if there are no obvious indications a woman is being abused. The following are examples of ways provider can introduce the issue:
 - "We now know domestic violence is a very common problem. About 30% of women in a healthcare setting reveal having been abused at some point in their lifetime. Has that every happened to you?
 - "Because violence is common in women's lives, I now ask every woman in my practice about domestic violence."
 - "I don't know if this is a problem for you, but many of the women I see as
 patients are dealing with abusive relationships. Some are too afraid or
 uncomfortable to bring it up themselves, so I've started asking about it
 routinely."
 - "Some women think they deserve abuse because they have not lived up
 to their partner's expectations, but no matter what someone has or hasn't
 done, no one deserves to be beaten. Have you ever been hit or
 threatened because of something you did or didn't do?"
 - "Because so many women I see in my practice are involved with someone who hits them, threatens them, continually puts them down, or tries to control them, I now ask all my patients about abuse."
 - "Lots of the lesbians and gay men we see here are hurt by their partners. Does your partner ever try to hurt you?"
- **2. Direct Questions.** However one initially raises the issue of domestic violence, it is important to include direct and specific questions:
 - Did someone hit you? Who was it? Was it you partner/husband?
 - Has your partner or ex-partner ever hit you or physically hurt you? Has he
 ever threatened to hurt you or someone close to you?
 - I'm concerned that your symptoms may have been caused by someone hurting you. Has someone been hurting you?
 - Does your partner ever try to control you by threatening to hurt you or your family?
 - Has your partner ever forced you to have sex when you didn't want to?
 Has he ever refused to practice safe sex?
 - Has he/she tried to restrict your freedom or keep you from doing things that were important to you? (like going to school, working, seeing your friends or family)
 - Does your partner frequently belittle you, insult you, and blame you?
 - Do you feel controlled or isolated by your partner?
 - Do you ever feel afraid of you partner? Do you feel you are in danger? Is it safe for you to go home?
 - Is your partner jealous? Does he frequently accuse of you of infidelity?



Possible Screening Questions for Intimate Partner Violence (page 2)

- **3. Indirect Questions.** In some clinical settings, it may be appropriate to start the inquiry with an indirect question before proceeding to more direct questions. The following are examples of this approach:
 - Have you been under stress lately? Are you having any problems with your partner? Do you ever argue or fight? Do the fights ever become physical? Are you ever afraid? Have you ever gotten hurt?
 - You seem to be concerned about you partner. Can you tell me more about that? Does he ever act in ways that frighten you?
 - You mentioned that your partner loses his temper with the children. Can you tell me more about that? Has he ever hit or threatened to physically harm you or the children?
 - How are things going in your relationship/marriage? All couples argue sometimes. Are you having fights? Do you fight physically?
 - You mentioned that your partner uses alcohol. How does he act when he is intoxicated? Does his behavior ever frighten you? Does he ever become violent?
 - Like all couples, gay couples have various ways of resolving their conflicts. How do you and your partner deal with conflicts? What happens when you disagree? What happens when your partner doesn't get his way?

If a woman Does Not Acknowledge Abuse: If a patient says that abuse is not occurring, but the clinician is still concerned about abuse, there remains a variety of issues which may be discussed. Let her know your concerns. Sometimes a patient may listen silently, without overtly acknowledging what is being said. In this case it is still helpful to offer some information about abuse. Make sure to provide the woman with a referral sheet of phone numbers. Encourage her to return if she has any problems in the future and/or to contact any of the resources that have been provided.

Adapted from the Family Violence Prevention Fund



DO NOT screen women in the presence of others. This includes family members, friends, children, etc. Even when women say it is okay to do so, anyone who overhears your questions and/or a patient's disclosure may pose a risk (intentional or non-intentional).

DO NOT use family members to interpret when a patient does not speak English.

DO NOT sacrifice safety and confidentiality in the name of familial inclusion in patient care.

DO NOT use the words "battered woman" in your screening questions. Women who have not yet experienced physical or sexual assault may not perceive themselves as abused or battered. Women may also be reticent to disclose their victimization based on the labels listed above due to the stigma and stereotyped images attached to each by the general populous.

DO NOT assume that a patient will disclose abuse the first time you ask the questions.

DO demonstrate your concern for her safety by screening <u>privately</u>.

DO develop hospital/clinical practice standards which guarantee privacy during written or verbal screenings for domestic/partner abuse.

DO take the time to seek out interpreters when necessary.

DO use non-gender specific language i.e. "partner, significant other", etc. (you may be with a gay or lesbian couple.)

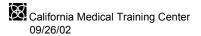
DO use simple language not profession specific jargon.

DO take your time, make eye contact and state your concern.

DO use questions which offer a "<u>menu</u>" description/definition of domestic/partner abuse.

Abuse Assessment Screen

Dev	reloped by the Nursing Research Consortium on Violence and Abuse		
5.	Are you afraid of you partner or anyone listed above	YES	NC
	If YES, by whom?		
	Have you ever been emotionally or physically abused by your partn or someone important to you?	er YES	NO
	If YES, by whom? Total number of times?		
3.	WITHIN THE LAST YEAR, has any forced you to have sexual activities?	YES	NO
If a	any of the descriptions for the higher numbers apply, use the higher i	number.	
2 = 3 = 4 = 5 =	Threats of abuse including use of a weapon Slapping, pushing; no injuries and/or continuing pain Punching, kicking, bruises, cuts and/or continuing pain Beating up, severe contusions, burns, broken bones Head injury, internal injury, permanent injury Use of weapon; wound from weapon		
	ARK THE AREA OF INJURY ON THE BODY MAP. SCORE EACH CIDENT ACCORDING TO THE FOLLOWING SCALE:	SCC	RE
	If YES, by whom? Total number of times		
2.	SINCE YOU'VE BEEN PREGNANT, have you been hit, slapped, kicked, or otherwise physically hurt by someone?	YES	NO
	If YES, by whom? Total number of times		
1.	otherwise physically hurt by someone?	YES	NO



Evaluación de La Violencia Doméstica

Dev	reloped by the Nursing Research Consortium on Violence and Abuse		
5.	¿Tiene Ud. miedo de su pareja o de alguien que haya medcionado arriba?	SI	NO
	¿Si? ¿Quién lo hizo? ¿Cuantas veces en total?		
4.	¿Alguna vez ha recibido abuso físico o emocional por parte de su pareja o de alguien imporante para Ud?	SI	NO
	¿Si? ¿Quién lo hizo? ¿Cuantas veces en total?		
	l LOS ÚLTIMOS 12 MESES, ¿alguien le ha forzado a tener tividades sexuales?	SI	NO
	alguna de las descripciones se aplica a un número más alto, use el mero más alto.		
3 4 5 p	2 = Bofeteadas, empujones; sin lesiones ni dolor persistente 3 = Puños, patadas, moretes, cortadas, o dolor persistente 4 = Golpizas, contusiones serias, quemadas, huesos rotos 5 = Traumatismo craneal, lesiones internas, daños permanentes 6 = Uso de armas: heridas nor arma		
CA	ALIFIQUE CADA INCIDENTE SEGÚN LA SIGUIENTE ESCALA:	PUNT	ΓAJE
US	¿Si? ¿Quién lo hizo? ¿Cuantas veces en total? SE EL DIAGRAMA DEL CUERPO PARA MARCAR LAS ÁREAS LASTIMAD	OAS.	
2.	DESDE QUE EMPEZÓ SU EMBARAZO, ¿alguien le ha golpeado, abofeteado, pateado o lastimado en cualquier forma física?	SI	NO
	¿Si? ¿Quién lo hizo? ¿Cuantas veces en total?		
1.	EN LOS ÚLTIMOS 12 MESES, ¿alguien le ha golpeado, abofeteado, pateado o lastimado en cualquier forma fiscia?	SI	NO



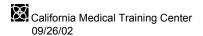
IV. Assessment

Domestic Violence Screening and Intervention Guidelines

Steps	Level I	Level II	Lev	el III
S C R E E N	No history or present threat of abuse	Past history of abuse	Recent or po Without injuries Danger Assessment (-)	resent abuse With injuries OR Danger Assessment (+)
N T E R V E N E	Provide patient education about domestic violence; give information regarding community resources	Assess for sequelae of past abuse Provide patient education about DV and information regarding community resources	Comprehensive assessment; individual counseling; assist patient in contacting community domestic violence services, safety planning. Arrange follow-up visit	Crisis intervention; notify police if injuries present; consider protective orders; refer patient to hospital for treatment (call ambulance if necessary); Contact DV services and request advocate to see or talk to patient at hospital or office Arrange follow-up visit
D O C U M E N T	Statement of no abuse or threat of abuse; handouts/education materials given to patient	Statement of past abuse and sequelae; education/resources given to patient Add DV to problem list and address periodically at subsequent visits.	Describe present or recent abuse and any sequelae; counsel patient; resources given, safety planning done Add DV to problem list and indicate next follow-up visit	Complete forensic exam and body diagram or photo documentation. Complete injury report form and forward to law enforcement. Describe law enforcement intervention; describe advocacy intervention. Add DV to problem list

Adapted from: Lazzaro, MV and McFarland, J., JONA, Oct., 1991

Adapted by C. Mitchell of California Medical Training Center at UC Davis (incorporates California law requirements)



Danger Assessment

Several risk factors have been associated with homicides (murder) of both batters and battered women in research that has been conducted after the killings have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation. (The "he" in the question refers to your husband, partner, ex-husband, expartner or whoever is currently physically hurting you.)

Please check YES or NO for each question below.

YES	NC)	
		1.	Has the physical violence increased in frequency over the past year?
		2.	Has the physical violence increased in severity over the past year and/or has a weapon or threat with a weapon been used?
		3.	Does he ever try to choke you?
		4.	Is there a gun in the house?
		5.	Has he ever forced you into sex when you did not wish to do so?
		6.	Does he use drugs? By drugs I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs, heroin, or mixtures.
		7.	Does he threaten to kill you and/or do you believe he is capable of killing you?
		8.	Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
_		9.	Does he control most of all you daily activities? For instance, does he tell you whom you can be friends with, how much money you can take with you shopping or when you can take the car? (If he tries, but you do not let him, check here)
_		10.	Have you ever been beaten by him while you were pregnant? (If never pregnant by him, check here)
		11.	Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can.")
		12.	Have you ever threatened or tried to commit suicide?
		13.	Has he ever threatened or tried to commit suicide?
		14.	Is he violent outside of the home?
	_ To	TAL	YES ANSWERS
Т	HANK	You	. PLEASE TALK TO YOUR NURSE. ADVOCATE OR COUNSELOR ABOUT WHAT THE

<u>Note</u>: From Campbell, J. (1986) Nursing assessment for risk of homicide with battered women. *Advances in Nursing Science*, 8(4), 36-51.

DANGER ASSESSMENT MEANS IN TERMS OF YOUR SITUATION.

EVALUACION DE PELIGRO

Varios factores de riesgo han sido asociados con homicidios (asesinatos) en ambos el abusador o la mujer abusada en estudios realizados después de haber ocurridas las muertes. No podemos predecir que sucederá en su caso, pero me gustaría advertirle del peligro de homicidio en situaciones de abuso severo y que usted se de cuenta de cuantos factores de riesgo se aplican en su situación. (En las siguientes preguntas cuadno hablamos de "él" nos estamos refiriendo a su marido, compañero, exmarido, ex-compañero o quienquiera que la este actualmente dañando la físicamente.)

Por fav	or marc	que SI	o NO a cada una de las preguntas que siguen abajo.
		1.	¿Ha aumentado su compañero la violencia física durante el año pasado?
		2.	¿Ha aumentado la severidad de violencia física por su compañero durante el año pasado y/o ha sido amenazada con un arma o ha sido un arma usada de usted?
		3.	¿Ha tratado él de asfixiara?
		4.	¿Hay alguna arma de fuego en su casa?
		5.	¿La ha forzado él a tener relaciones sexuales en contra de su voluntad?
		6.	¿Usa él drogas? Por drogas me refiero a "exitantes" o afetaminas, "speed," polvo de angel, cocaina, "crack", drogas de la calle, heroina, o mezcias.
		7.	¿La amenaza él con mataria o cree usted que él es capaz de mataria?
		8.	¿Se emborracha él todos los días o casi todos los días? (Refiérase a la cantidad de alcol.)
		9.	¿Controla él la mayoria de sus actividades diarias? Por ejemplo, le dice él quienes pueden ser sus amistades, o cuanto dinero puede llevar cuando va de compras, o cuando puede usar el coche? (Si él trata, pero usted no lo deja, marque aqui)
		10.	¿Ha sido usted golpeada cuando estaba embarazada? (Si no ha estado embarazada de él, marque aqui)
		11.	¿Es él violento, o constantemente celoso de usted? Por ejemplo le dice él: "Si no eres mía no vas a serio de nadie."
		12.	¿Ha usted amenazado o ha usted tratado con suicidarese?
		13.	¿Ha tratado o amenazado él con suicidarse?
		14.	¿Es él violento fuera de la casa?
GRAC SOBR	IAS. PO E	OR FA	ESPUESTAS SI AVOR HABLA CON SU ENFERMERA, ASESOR LEGAL, O CONSEJERO LE LA EVALUACION DE PELIGRO SIGNIFICA EN SU CASO.

SOURCE: Note: From Campbell, J. (1986) Nursing assessment for risk of homicide with battered women. Advances in Nursing Science, 8(4), 36-51.

V. Intervention

Personal Safety Plan

YOU HAVE A RIGHT TO BE SAFE!

SAFETY DURING AN EXPLOSIVE INCIDENT

- A. If an argument seems unavoidable, try to have it in a room or area where you have access to an exit. Try to stay away from the kitchen, bedroom, or anywhere else where weapons might be available.
- B. Practice how to get out of your home safely. Identify which doors, window, elevator, or stairwell would be best.
- C. Have a packed bag ready and keep it at a relative's or friend's home in case you need to leave quickly.
- D. Identify one or more neighbors you can tell about the violence, and ask that they call the police if they hear a disturbance coming from your home.
- E. Devise a code word you can use with your children, family, friends, and neighbors if you need the police.
- F. Decide and plan for where you will go if you have to leave home (even if you don't think you will need to).
- G. Use your own instincts and judgment. If the situation is very dangerous, consider giving the abuser what he wants to calm him down. You have the right to protect yourself until you are out of danger.
- H. Always remember You don't deserve to be hurt or threatened!

Safety When Preparing to Leave

- A. Open a bank account and/or credit card in your own name to start to establish or increase your independence. Think of other ways in which you can increase your independence.
- B. Get you own post office box so you can privately receive checks, letters, and other correspondence.
- C. Leave money, an extra set of keys, copies of important documents, extra medicines, and clothes with someone you trust in case you need to leave quickly.

- D. Determine who you could stay with if you need to leave suddenly.
- E. Keep a shelter or hotline phone number close at hand and keep some change or a calling card with you at all times for emergency phone calls.
- F. Remember –leaving your batterer can be the most dangerous time. Review you safety plan often in order to plan the safest way to leave your batterer.

Safety in Your Own Home

- A. Change the locks or tumblers on your doors. Buy additional locks and safety devices to secure windows.
- B. Create a safety plan with your children for when you are not with them.
- C. Screen your incoming phone calls using an answering machine, caller ID, or a trusted friend or relative.
- D. Inform neighbors and landlord that your partner no longer lives with you and that they should call the police if they see him near your home.

Safety with a Protective Order

- A. Keep you protective order with you at all times. (If you change your purse, your order should be the first thing that goes in it.) Give a copy to a trusted neighbor or family member.
- B. Call the police if you partner breaks the protective order.
- C. Think about how to protect yourself and your children while you are waiting for the police to arrive.
- D. Inform your children's school, day care, etc., about who has permission to pick up you children.
- E. Inform family, friends, neighbors, and your physician or health care provider that you have a protective order in effect.

Safety on the Job and in Public

- A. Decide whom at work you will inform of your situation. Include office or building security. Provide a picture of your batterer if possible.
- B. Devise a safety plan for when you leave work. Have someone escort you to your car, bus or train and wait with you until you are safely on your way. Vary the route you use to go home if possible. Think about what you would do if something happened while going home (i.e. in your car, on the bus, etc).

Your Safety and Emotional Health

- A. If you are thinking of returning to a potentially abusive situation, discuss and alternative plan with someone your trust.
- B. If you have to communicate with your partner determine the safest way to do so.
- C. Have positive thoughts about yourself and be assertive with other about your needs. Read books, articles, and poems to help you feel stronger.
- D. Decide whom you can talk to freely and openly, to get the support you need.
- E. Call a battered women's hotline. There are people available to talk to even if you cannot leave your batterer.
- F. Plan to attend a battered women's support group to gain support from others and learn more about yourself and your relationship. You are not alone!

Especially for Teens

- A. Choose a friend, teacher, relative, or police officer you can feel safe talking to
- B. Call a battered women's hotline. Hotlines can help teens, too.
- C. Get information about restraining orders from your local police or court.
- D. Ask the person from the battered women's hotline if there is a teen relationship support group in your area.

Checklist -

What You Should Take When You Leave

<u>Identification</u>

- Driver's license
 Children's birth certificates
- Your birth certificate
- Social security card
- Welfare identification

Financial

- Money and/or credit cards
- Bank books
 - Checkbooks

Legal Papers

- Your protective order
- Lease, rental agreement, house deed
 - Care registration and insurance papers
- Health and life insurance papers
- ☐ Medical records for you and your
- children
- School records
- ☐ Work permits/green card/visa
- Passport
- Marriage license
- Separation agreement, divorce papers
- Custody papers

Other

- ☐ House and car keys
- Medications
- Small sellable objects
- Jewelry
- Address book
- ☐ Phone Card
- Pictures of you, children, and your
- abuser
- ☐ Children's small toys
- ☐ Toiletries/diapers
- Change of clothes for you and your
 - children

For More Information About Your Options and Legal Rights

Contact an advocate at a shelter or your local court. Fill in phone numbers of services in your area.

BATTERED WOMEN'S SHELTERS
POLICE EMERGENCY
Local Police
STATE POLICE
COUNTY DISTRICT ATTORNEY'S OFFICES
OTHER IMPORTANT NUMBERS
National Domestic Violence Hotline
1-800-799-SAFE Rape crisis center Teen hotline
Women's center
Disabled abuse hotline Elder abuse hotline
Child abuse hotline
Other

Source: California Family Violence Referral Directory – www.dhs.ca.gov/epic/documents/dvrefer.pdf



State of California Board of Control

Crime Victims Compensation Program

Authority

Under California law (Government Code sections 13959-13969.4), qualifying victims of crime may receive financial assistance for losses resulting from a crime when these losses cannot be reimbursed by other sources. The State Board of Control (Board), Victims of Crime Program (Program), administers California's Crime Victim Compensation Program.

Losses That May Be Covered

- Medical/Dental
- Mental Health Counseling
- Wage/Income
- Financial Support
- Funeral/Burial
- Job Retraining

Losses That Are Not Covered

Personal property losses, including cash, are not eligible for reimbursement under the Program. The Program also cannot reimburse applicants for expenses related to the prosecution of an alleged perpetrator or compensate applicants for "pain and suffering."

However, losses not covered by the Program may be recoverable either through court-ordered restitution as part of a convicted perpetrator's criminal sentence or through the enforcement of a judgment obtained in a civil lawsuit against the alleged perpetrator. For more information about these two methods of loss recovery, contact the Victim/Witness Assistance Center in your area (see the government listings of your local telephone directory).

Who Is Eliqible?

- A victim who was injured, threatened with physical injury, or died as a result of a crime.
- A **derivative victim** who was not directly injured or killed as a result of a crime but who, at the time of the crime:
- Was the parent, sibling, spouse, or child of the victim; OR
- · Was living in the household of the victim; OR
- Had lived with the victim for at least two years in a relationship similar to a parent, sibling, spouse, or child of the victim; OR
- Was another family member of the victim, including the victim's fiancé(e), and witnessed the crime; OR
- Was not the primary caretaker of a minor victim but became the primary caretaker after the crime occurred; OR
- Pays for the medical and/or funeral/burial expenses of a deceased victim.

Who Is Not Eligible

- Persons who commit the crime.
- Persons who contribute to or take part in the events leading to the crime.



State of California Board of Controls

Crime Victims Compensation Program (page 2)

- Persons who do not reasonably cooperate with law enforcement in the investigation and/or prosecution of known suspects.
- Persons who do not cooperate with the staff of the Board and/or the Victim/Witness Assistance Center in the verification of the claim.

Program Requirements That Must Be Met

- The crime must have occurred in California, or if the crime occurred outside of California, the victim must have been a California resident at the time of the crime.
- The crime must be reported to the police, sheriff, highway patrol, or other appropriate law enforcement agency.
- The victim must reasonably cooperate with law enforcement in the investigation and prosecution of any known suspect(s).
- The victim must cooperate with staff of the Board and/or the Victim/Witness Assistance Center in the verification of the claim.
- All other sources of reimbursement must ultimately be used to cover crime-related expenses.

Felony Convictions

The law places restrictions of Program-reimbursable expenses incurred by a victim or derivative victim who was also convicted of a felony on or after January 1, 1989. If you fall within this category, you may wish to seek further information or assistance from the board or a local Victim/Witness Assistance Center.

Filing Deadlines

Applications for **adult** victims must be filed within **one year** of the date of the crime. The Board may, for "good cause", grant an extension for such applications filed up to three years after the date of the crime.

Applications resulting from crimes against a minor must be filled before the minor's **19**th **birthday**. The Board may, for "good cause," grant an extension for such applications up to the minor's 21st birthday.

Generally, applications filed more than three years after the date of the crime against an adult or after a minor victim's 21st birthday cannot be accepted. However, some exceptions to the late filing provisions may apply if certain criteria are met.

If you have any questions regarding the exceptions to the late filing provisions you are encouraged to contact the Board or a local Victim/Witness Assistance Center.



State of California Board of Controls

Crime Victims Compensation Program (page 3)

Filing Assistance

Victim/Witness Assistance Centers are located throughout the state. These centers have staff who are trained to assist victims in applying for compensation under the Program.

Applications may also be assisted by a private attorney. California Government Code section 13965(d) provides that the Board shall pay private attorney fees of 10 percent of the approved award up to a maximum of \$500. The attorney fees are not deducted from the applicant's award and are paid separately from the approved award. The law also prohibits attorneys from charging, demanding, receiving, or collecting any amount for their services except as may be awarded by the Board.

Emergency Awards

If you have an urgent unreimbursed loss of wages or income and/or emergency medical treatment expenses as a direct result of a crime, you may be eligible for an emergency award of up to \$2,000. If you have unreimbursed funeral/burial expenses, you may be eligible for an emergency award of up to \$5,000.

If you receive an emergency award and intend to claim additional losses or expenses in the future, you must file a regular application within one year of the date of the crime. This is because an emergency award is only an advance on a fully verified regular award.

However, if you expect no other losses or expenses other than those paid by your emergency award, you do not need to file a regular application if you certify on the emergency award application form that you will submit no further losses. Your emergency application will then be verified based on the information you provide on that form. Applications for emergency awards are processed within 30 business days after the application is accepted as complete.

If you receive an emergency award but are later found ineligible to receive any part of it, you must repay the amount received in error.

Verification and Hearing on the Application

Applications filed with the Program are reviewed to determine eligibility. After completion of this review, you will be advised by mail of the staff recommendation to the Board on your application. Appeal rights will also be provided should you disagree with the staff recommendation.



State of California Board of Controls

Crime Victims Compensation Program (page 4)

The Program Pays Last

The Victims of Crime Program is the payer of last resort. If you have any other sources of reimbursement available for your crime-related losses, you must use these available sources before becoming eligible for payments from the Program. If you receive other reimbursements after obtaining benefits from the Program, you must repay the Program. Other reimbursement sources you may have available include, but are not limited to: medical, dental, or auto insurance; public program benefits; workers' compensation benefits; court-ordered restitution; or civil lawsuit recovery.

By using all other sources of reimbursement for your losses, you enable the Program to assist other deserving victims who have no other source of reimbursement for their losses.

If you fail to disclose your available sources of reimbursement, your claim may be denied by the Board for lack of cooperation. If this happens, you may have to repay any amount the Program has already paid to you or on your behalf.

General Payment Limitations

The total of all reimbursements to a victim cannot exceed the maximum Program benefit of \$46,000.

There are also several specific payment limitations governing particular benefits under the Program for loss of wages or income, loss of support, medical expenses, outpatient mental health counseling expenses, and funeral/burial expenses.

An applicant who has incurred expenses that exceed the Program's rates/limitations may not be eligible for reimbursement beyond the Program's maximum benefit levels.

State law requires a provider who accepts the Program's payment to consider it as payment in full and prohibits the provider from seeking further payment from the person who received the services. (This limitation does not apply to reimbursement of funeral/burial expenses.)

An applicant's eligibility for Program benefits does not guarantee payment for services rendered.

Other Information

Information in this brochure is based on current law. Program eligibility and reimbursement of expenses is generally based on the law in effect at the time of the crime.



State of California Board of Controls

Inquiries

If, after reading this brochure, you have questions or need more information, please call the Program toll-free at 1-800-777-9229, the Victim/Witness Assistance Center in your area (see the government listings of your local telephone directory), or the statewide Victims Resource Center toll-free at 1-800-VICTIMS (842-8467); or contact the Board through our Website at www.boc.ca.gov.

Crime Victims
Compensation
Program
(page 5)

If you are being abused at home No matter what, no one has the right to hurt you are not alone. That kind of behavior is called domestic violence and it is against the law. Millions of women just like you are victims of violence in their homes. We care about your health and well-being. We are here for you. Women's Shelters **National Domestic Violence Hotline** 1-800-799-SAFE (7233) 1-800-787-3224 (TDD) Call 911 if you are in danger or need immediate help. * see back for additional numbers

If you are being abused at home No matter what, no one has the right to hurt you. you are not alone. That kind of behavior is called domestic violence and it is against the law. Millions of women just like you are victims of We care about your health and well-being. violence in their homes. We are here for you. Women's Shelters **National Domestic Violence Hotline** 1-800-799-SAFE (7233) 1-800-787-3224 (TDD) Call 911 if you are in danger or need immediate help. * see back for additional numbers

If you are being abused at home . . .

you are not alone.

Millions of women just like you are victims of violence in their homes.

Remember:

- Nothing you say or do causes your partner to act violently toward you
- It is impossible for you to prevent these attacks by being the perfect wife or girlfriend.
- No matter what, no one has the right to hurt you.
- That kind of behavior is called domestic violence
- It is against the law.
- Domestic violence does not go away on its own. In fact, it tends to get worse over time, and it is harmful to children as well.

What you can do to protect yourself:

- Use your own instincts about what is safest for you and your children
- Talk with a relative or friend about what is going on.
- Contact your local domestic violence program to find out how they can help you.
- Tell you health care provider what is going on and make sure a record is kept of your injuries (bruises, scratches, black eyes, etc.
- Decide and plan for where you will go if you have to leave home.
- Leave money, an extra set of keys, a change of clothes and copies of important papers and anything else you may need for you and your children with someone you can trust.

CALL 911 IF YOU ARE IN DANGER OR NEED HELP.

Local Battered

Women's Shelters:

We care about your health and well-being. We are here for you.

Ask you doctor or nurse for a domestic violence safety plan or call a domestic violence 24-hour crisis line. The call is free and completely confidential.

This information is provided by Mercy Healthcare Sacramento in collaboration with Women Escaping A Violent Environment.

VI. Documentation



Legal Requirements for Reporting Domestic Violence

Mandated Reporting of Domestic Violence

Any health practitioner employed in a health facility, clinic, physician's office, local or state health department or clinic, or other facility operated by a local or state public health department is required to make a report if he or she "provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is":

- "suffering from any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm, "and/or
- "suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct."

"Assaultive or abusive conduct" includes a long list of criminal offenses: murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape and abuse of spouse or cohabitant."

The law requires reporting even if the patient is seeking medical attention for another reason.

It is the ethical responsibility of the health care provider to inform the patient about their legal responsibility to report to local law enforcement agencies any physical injuries they know or reasonably suspect were caused by domestic violence.

Who is a Mandated Reporter:

Health practitioners employed in a local or state public health department, health facility, licensed clinic or physician's office are mandated reporters. Only physical injuries caused by domestic violence which are observed during the provision of medical services for a physical condition must be reported. If a provider is not treating a patient for a physical condition, the provider is not required to report domestic violence injuries (e.g., advice nurses).

Public health nurses are specifically included if they are providing medical treatment for any physical condition.

How to Make a Report:

A report must be made to local law enforcement agency that has jurisdiction over the location in which the injury took place.

- A telephone report must be made immediately or as soon as is practically possible.
- A written report must be prepared and sent within two working days.
 - The report shall include, but is not limited to, the following:
- Name of the injured person;
- Injured person's whereabouts;
- Character and extent of the injuries; and,
- Identity and whereabouts of the person who allegedly inflicted the injuries.



Violence

(page 2)

Legal Requirements for Reporting Domestic Although it is not a legal requirement, some law enforcement agencies will also want to know if the victim wants to make a report, and wants follow-up.

A report must be made even if the patient has died, regardless of whether or not the injury contributed to the death or evidence of the conduct of the perpetrator was found during autopsy.

Most importantly, it needs to be stressed that law enforcement reporting is <u>not</u> a substitute for complete documentation in the medical record.

Documentation of Injuries in the Medical Record

The medical record has often served to be the most valuable source of documentation for victims. The following are general guidelines recommended for documenting injuries:

- Any comments made by the injured person regarding the injury, how it occurred, the name of the person who caused the injury and any past domestic violence (whenever possible, use direct quotations);
- A map of the injured person's body identifying the injuries and bruises, photographs of injuries, and clinical documentation to indicate whether injuries are consistent with trauma reported or suspected;
- A copy of the law enforcement reporting form.

Referral:

The law recommends that health care provider refer people suffering or suspected of suffering from domestic violence to local domestic violence services.

Confidentiality of Report:

Health facilities, clinics, physician's offices, and law enforcement agencies must keep the reports made pursuant to this law confidential. Law enforcement may release a report to those involved in investigating the report or enforcing a criminal law implicated by the report.

In no case shall the person suspected or accused of inflicting the injury, or his or her attorney, be allowed access to the injured person's whereabouts, their medical record or police report form.



Legal Requirements for Reporting Domestic Violence (page 3)

Doctor-Patient Privilege:

In any court proceeding or administrative hearing, physician-patient privileges do not apply to the information required to be reported.

Liability:

Health facilities and health professionals who report a known or suspected instance of assault or battery cannot be held civilly or criminally liable under this law. In other words, there is absolute immunity in respect to the reporting requirement. Additionally, no person making such a report shall be subject to employer sanctions.

Penalty:

Violation of this law is a misdemeanor, punishable by a \$1,000 fine and/or six months in jail. Mandated reporters who fail to report may be subject to civil suits for damages for any subsequent injury to the patient.

Adapted from Contra Costa County Health Services Department "Guidelines for Domestic Violence Screening and Reporting"

SUSPECTED VIOLENT INJURY/SUSPECTED DOMESTIC VIOLENCE INJURY REPORT

•	Note to Law Enforcement: Patient's whereabouts and place of contact must be deleted from any report required to be disclosed to suspect or suspect's attorney.		Case Identification or Addressograph	Victim Name: Medical Record # or PCR:						
•		o Be Completed by Reporting Party Pursuant to Penal Code Section 11160-11163		Identi						
•	Ту	Гуре or print legibly								
_		Police/Sheriff (Circle one) Departm	ent Name:					С	rime Report #	‡
ed to		Mailing Address								
Reported to		Name of Official Contacted	ID#	Phone ()	Date. Cont	/Time V	erbal	Date/Time V	Vritten Copy Sent
		Name of Facility				Nam	e of Rep	orting Party (pr	rint)	
ting		Facility Address				Title	of Repo	rting Party		
Reporting	Party	Phone ()	oservation		Signa	ature of	Reporting Part	у		
es	٦	Name (Last, First, Middle)	DOB	Se	ex I	Race	SS# or DL#		Marital Status	
	Victim	Address				Ages of Children Living With Victim				
Involved Parties	>	Location of victim after evaluation				Home phone () Message phone ()				
olve	;;	Name (Last, First, Middle)	DOB	Se	ex I	Race		Relations	hip to victim	
Inv	Suspect	Address								
	Su	Location of suspect					Me	me phone essage Phone (()	
		If Necessary, Attach Extra She Date/Time of Incident	et or Other Form	and Chec		This Box L				
		Narrative description of Incident using victim's own words when possible								
rmation	Type of Injuries: (Check one or more) Bruises Fractures Internal Injuries Gunshot Wound Other Lacerations Strangulation Stab Wound Sexual Assault									
Incident Information		Location of Injuries: (Check one or more) Face Mouth Eye Ribs					Ribs Abdomen Pelvis Upper Back Lower Back Extremities			
luc		Narrative description of injuries	photos taken	ı 🗀 :	x-rays	ays				
		Is victim willing to talk to law er Describe a safe way to contact					ge of the victim number, time)	
181	OTDU	OTIONO								

- RUCTIONS

 This is not a substitute for complete documentation in the medical record.

 The police crime report is not a substitute for this report
 Report by phone to the jurisdiction where the injury occurred

 Prepare this report and send to the contacted law enforcement agency within two days of receiving information about the injury
 Retain a copy of this report

 Sexual Assault, Child Abuse and Elder Abuse are reported on separate forms

 Original Law Enforcement

 Copy Medical F

1. 2. 3. 4. 5.

Original – Law Enforcement

Copy - Medical Records

CONSENT TO PHOTOGRAPH

Patient Identification (Print or u	se addressograph)		
Name:			
Medical Record No			
Date:// Time:	AM/PM		
The undersigned hereby autho	rizes	of photographer)	
	(Print name	of photographer)	
to photograph			
	(Print name	of patient)	
while receiving care at			
	(Print name	of office, clinic or hospital)	
forensic	entation in the medical receivers all that apply) entation in the medical receivers evidence for the use of lational education or research	aw enforcement	
Signature of patient/parent/gua	ırdian:		
Print name of the above:			
Relationship to patient:			
Signature of witness:		· · · · · · · · · · · · · · · · · · ·	
Print name of the above:			

FORENSIC MEDICAL REPORT SUSPECTED DOMESTIC VIOLENCE

Confidential Document (see instructions for release limitations)

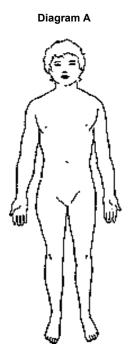
						F	Patient Information
A.	GENER	AL INFORMA	ATION (Type or print)	Name of Medic	cal Facility:		
1. Name of patient						Patient ID nun	nber
2.	Address		City		County	State	Phone (W) (H)
3.	Age	DOB	Gender	Ethnicity	Date/time of	arrival	Date/time of discharge
B.	RFPOR ⁻	ING AND A	UTHORIZATION				
1.		ort made to la	aw enforcement agency Agency	I	D Number	Phone	Reported by: Name/date/time
2.	Respondi	ng Officer (if a	any) Agency	ı	D Number	Phone	1
			I examination and collecti domestic violence.	on of	law enforceme	nt is authorizing aç	gent:
		uthorization (i		La	w enforcement		ID number
	horizing p		,				
ID	number:			Ag	gency	Phone	e Date/Time
Da	te/time:			Ca	ase number		
C.	PATIEN	T CONSENT		l			
•	which me	edical care is so		en inflicted upon any pe	rson in violatior		eport to law enforcement authorities cases in all law. The report must state the name of
•	profession my media date. I u	nal to discover cal record. I understand that	and preserve evidence of the understand that the examinati I may withdraw consent at c	e assault. If conducted, on may include the colle iny time for any portion	the report of t ection of referer of the examina	he examination and nce specimens at the ation. I understand	t, be conducted by a health care I any evidence obtained will be filled with the time of the examination or at a later that collection of evidence may include I/legal examination for evidence of domestic
•			nat victims of crime are eligib counseling, loss of wages, a			claims to the State	Board of Control for out-of-pocket medical
•			without patient identity from t with a valid educational or s				ses, and provided to health authorities and udies.
Sigi	nature of P	atient	Print Name		Witness Sig	gnature	Print Name
D.	DISTRI	BUTION O	F FORENSIC REPOR	T (check where appropriate)			
	Facility - O	riginal		☐ Crime Lab - Copy with	in evidence kit		aw Enforcement Officer – Copy

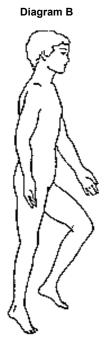
PATIENT FIGURE Name of person providing history Relationship to patient	\dashv
2. Pertinent medical history: Previous threats to patient or others:	
Past Injuries (Date: description – note where treated)	Patient Information
Obstetrical history	G. ASSAULT HISTORY 1. Date and time of assault(s):
Observed instery	
Psychiatric history	2. Pertinent physical surroundings of assault(s):
Substance abuse history	any) to patient
Medication use history	
Sexual history	#3 #4
☐ no choice in birth control? 3. Review of Systems:	4. Assailant known to patient?
Yes No	5. Methods employed by assailant(s):
 Constitutional symptoms wt loss, wt gain, fatigue, insomnia Neurologic: headache, dizziness Psychiatric: anxiety, depression Cardioresp: palpitations, chest pain, SOB GI: abd pain, recurrent vomiting or diarrhea GU: pelvic pain, dysuria, dyspareunia, 	Yes No If yes, describe: Weapons
Irregular bleeding	Physical blows
4. Social History: employment history, children, legal status	Grabbing/holding/pinching
	Physical Restraints
	Choking
5. Protective orders in place? Yes No Date issued	Burns (including thermal and chemical)
In what county Attach copy if available.	Threat(s) of harm
	Target of threat
	Ingestion of alcohol/ drugs (forced, coerced, or without victim's knowledge)
	6. Injuries sustained by assailant(s) during assault? yes no If yes, describe:

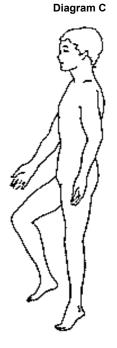
I. GENERAL PHYSICAL EXAM AND FINDINGS							
1. Blood Pressure	Pulse	Respiration	Temp	Date/time of exam			
2. Describe general physical appearance							
3. Describe general demeanor							
4. Describe condition of clothing upon arrival and collect outer and under clothing.							

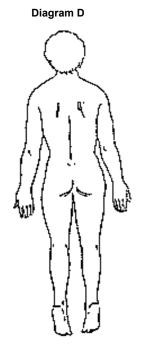
Patient Information

5. Conduct physical examination and record findings (size and appearance) using the legend and diagrams below.









LEGEND Debris **DS** Dry Secretion Type of **Ab** Abrasion Ecchymosis (bruise) Laceration Sw Swelling De La Toluidine Blue+ **Bu** Burn Finding: Er Erythema (redness) Pe Petechiae Te F/H Fiber/hair MS Moist Secretion CS Control Swab Tenderness Bi Bite Induration SI Suction Injuries OI Other Injury V/S Vegetation/soil PS Potential Saliva OF Other Foreign (describe) WL Wood Lamp \oplus Materials (describe)

Locator #	Type	Description	Locator #	Туре	Description

LE	GEND	
Type Ab Abrasion Bu Burn Pe Bi Bite Ec Ecchymosis (bruise) Er Erythema (redness) In Induration Type La Laceration Petechiae SI Suction Injuries SW Swelling Te Tenderness OI Other Injury PS F	of Finding: De Debris F/H Fiber/Hair V/\$ Vegetation/Soil D\$ Dry Secretion M\$ Moist Secretion AS Moist Secretion M\$ Avoit Secretion	Patient Information
Locator # Type	Description	Diagram E
J. EVIDENCE SUBMITTED TO CRIME LAB RECORD ALL EVIDENCE AND SPECIMENS COLLECTED		
31. Clothing Item(s) placed in evidence kit:	Other clothing collected:	K PERSONNEL INVOLVED Name (print) Phone
item(s) placed in evidence kit.	Other dothing collected.	History taken by: Physical exam performed by:
32. Foreign materials on body		Specimens labeled and sealed by:
Blood Dried Secretions Fiber/loose hairs Vegetation Soil/debris Swabs/suspected saliva Control swabs Other (describe):	Yes No N/A Collected by	Assisted by: N/A Additional narrative by: N/A L. ASSESSMENT (expert opinion) Physical Findings No Physical Findings Exam consistent with history Exam consistent with history Exam inconsistent with history Exam inconsistent with history Interpretation pending consultation M SIIMMARY OF FINDINGS
33. Laboratory Results		
34. X-Ray/Imaging Results		
Toxicology samples		N. PHYSICAL EXAMINER
35. Blood alcohol/toxicology 36. Urine toxicology	Yes No Time Collected by:	Name (print): Signature
37. Photo Documentation		
Photo documentation: ☐ Body ☐ 35mm ☐ video ☐	Genitals None Other:	License number
Photography by:		O. DISTRIBUTION OF EVIDENCE
SIGNATUR	E OF OFFICER	Type of evidence: Given to:
I have read the evidence indicated above Signature of Officer:		Clothing (other than item(s) placed in evidence kit)
Print name and ID #:		Evidence Kit
Agency:	Phone:	Reference blood sample
Date:		Toxicology samples



A

Abrasion

- An area of body surface denuded of skin or mucous membrane by some unusual or abnormal mechanical process. An injury.¹
- A tear through the full thickness of the skin or other tissue.¹

Forensic Terminology

• An injury to the skin in which there is removal of the superficial epithelial layer of the skin (the epidermis) due to friction against a rough surface with resultant scraping away of the superficial portions of the epidermis, or destruction of the superficial layers by compression. There are three types: scrape or brush injury (grazes or sliding), impact abrasions (pressure) and patterned abrasions. ⁴

Anterior

Situated in front of or in the forward part of an organ, toward the head of the body; a term used in reference to the ventral or belly surface of the body.1

Asphyxia

 Pathological changes caused by lack of oxygen in respired air. May be partial (hypoxia) or total (anoxia). Loosely grouped into three categories: suffocation, strangulation, chemical asphyxia. 1,4

Avulsion

A form of laceration where the force impacting the body does so at an oblique or tangential angle to the skin, ripping skin and soft tissue off the underlying fascia or bone.⁴

В

C

Caudad

Directed toward the tail; opposite cephalad.¹

Cephalad

- Toward the head; opposite caudad.¹
- An area of hemorrhage into soft tissue due to rupture of blood vessels caused by blunt trauma. Contusions may be present in skin and in internal organs. Contusions may be patterned to reflect the configuration of the object used or the contusion may only correspond to the edges of the object used. Deep bruising may not be visible externally. A contusion can be presumed if the area is tender but the hemorrhage is non-visible.



Forensic Terminology (page 2)

D

Distal

• A term denoting the remoteness from the point or origin or attachment of an organ or part.¹

Dorsal

- Pertaining to the back.
- Denoting a position more to the back.¹

E

Ecchymosis

 A hemorrhagic area on the skin due to extravasation of blood into the skin or a mucous membrane.¹

Edma

The presence of abnormally large amounts of fluid in the intercellular tissue spaces of the body that may be localized due to venous or lymphatic obstruction or to increased vascular pereability (trauma) or it may be systemic due to hear failure or renal disease.¹

Erythema

 A redness of the skin or mucous membranes produced by congestion (dilation) of the capillaries.¹

F

G

Н

Hematoma

• A large focal collection of blood in an area of contusion.⁴

ı

Incised Wound

- A cut in the skin produced by sharp, edged weapons or instruments.
 The sharp edge of the instrument is pressed into and drawn along the surface of the skin, producing a wound whose length is greater than its depth.
- Other wounds due to sharp edged instruments are stab wounds and chop wounds.

Induration

The quality of being hard; the process of hardening.¹



Forensic Terminology (page 3)

Inferior

Situated below, or directly downward; a term used in reference to the lower surface of an organ or other structure.¹

Inflammation

A localized protective response of tissues, elicited by injury or destruction of tissues, which is usually characterized in the acute form by the classical signs of pain, heat, redness, swelling and loss of function.²

J

K

ı

Laceration

• A tear through the full thickness of the skin or other tissue resulting from crushing or tearing forces (blunt). There are usually abraded edges, tissue bridges within the wound and devitalized tissue evident in the wound.^{3,4} This is the preferred and considered a more rigorous definition to be used by forensic examiners. A transection (cut) through the skin, mucous membranes or deeper structures of the body.¹ This is a more vernacular or common definition used by many clinicians.

M

N

C

P

Petechiae

• Small, pinhead sized hemorrhages caused by leaking capillaries. May be singular or multiple.

Frequently caused by increased pressure within the blood vessel, as with straining during vomiting or with strangulation. May also be caused by a bleeding disorder, infection or localized trauma.

Posterior

• Situated in back of, or in the back part of; a term used in reference to the back or dorsal surface of the body.¹

Proximal

Nearest; closer to any point of reference: opposed to distal.¹



Forensic Terminology (page 4)

Purpura

 A small hemorrhage (up to about 1 cm in diameter) in the skin, mucous membrane, or serosal surface, which may be caused by various factors, including blood disorders, vascular abnormalities, and trauma.

Q

R

S

Scar

 Fibrous tissue, which replaces normal tissue after the healing of a wound.³

May be difficult to prove on clinical grounds alone, such as during visual inspection or palpation.

Superior

 Situated above, or directly upward; a term used in reference to a structure occupying a position near the vertex.¹

Т

- Transection
- A cutting across. Division by cutting or tearing transversely.

U

V

Ventral

- Pertaining to the belly.
- Denoting a position more toward the belly surface than some other object of reference; same as anterior in human anatomy.¹

Source: "Glossary of Terms and the Interpretation of Findings for Child Sexual Abuse Evidentiary Examinations." American Professional Society on the Abuse of Children.

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DIAGNOSTIC AND BILLING CODES FOR IPV

The International Classification of Diseases (ICD) are patient encounter codes used to describe the diagnosis of injury or illness or to describe a treatment procedure. The codes can be used to establish a level of reimbursement or as part of the health information system to track prevalence and cost data. These codes are reviewed and revised periodically. The current codes are called ICD-9. ICD-10 has many changes and is due to be implemented in 2002.

ICD-9 codes are categorized into 3 groups:

- 1. Diagnostic codes: used to describe primary or secondary diagnosis
- 2. E codes: describe circumstances of the injury
- 3. V codes: describe historical issues or counseling needs

General diagnostic codes for domestic violence are under Adult Maltreatment and Abuse (995.8_).

- 995.81: physically abused person, battered person, spouse or woman
- 995.82: adult emotional/psychological abuse
- 995.83: adult sexual abuse
- 995.84: adult neglect (nutritional)
- 995.85: other adult abuse and neglect (multiple forms)

The primary diagnosis defines the condition chiefly responsible for admitting of the patient to the hospital. The primary diagnosis is weighted and this determines the reimbursement level of the treatment. Secondary diagnosis refers to all conditions that co-exist at the time of admission that affect treatment of the patient for the current episode. Healthcare providers should always use the most specific of these codes.

In 1998, the AMA specified that domestic violence must be coded at the primary diagnosis regardless of the presenting condition. So if the presenting diagnosis is a gunshot wound to the chest but was inflicted by a spouse in a domestic violence episode, then the record would be coded 995.81 (physically abused person) and the GSW chest would be the secondary diagnosis. However, the common practice is to record as the primary diagnosis, that which has the higher weight and higher reimbursement. GSW, chest has a higher weight and thus a higher reimbursement than adult maltreatment so it commonly is recorded as the primary diagnosis, thus pointing to one of the problems in domestic violence coding.

In 1998, the Health Care Financing Administrator proposed a new severity adjusted weight that would increase the reimbursement for domestic violence from a current maximum of .8651 up to 1.741, which is higher than most trauma or abuse injuries. This proposal has not been implemented at this writing.

The E codes provide further information as to the circumstance of the injury: when it happened, where it happened, to whom or by whom and how it happened. Domestic Violence E codes include:

•	Who committed the act of violence	E967.0 – E967.9
•	The nature of the abuse	E960 - E968
•	The intent of the abuse/neglect	E904.0 - E968.4
•	The intentionality of the abuse	E980 - E989

E codes are not generally required for reimbursement.

The V codes describe the history of abuse or violence and the past need for counseling.

•	Physical abuse and rape	V15.41
•	Emotional abuse	V1542
•	Counseling for victim	V61.11
•	Counseling for perpetrator	V61.12

The V codes are used to describe historical data and can not be used if there is an active primary diagnosis of Domestic Violence.

In the ICD-10, the 995.8_ series of codes are classified under injury as either T74 confirmed abuse or T76 unconfirmed or suspected abuse. E codes are prefaced by a Y (external cause known) and can be used with confirmed abuse (T74) groupings but not with unconfirmed abuse (T76) groupings.

CPT Codes

Current Procedural Terminology (CPT) codes describe procedures and services provided by the physician primarily for outpatient services. They can be used for inpatient services but they must be coupled with an ICD-9 diagnostic code. Each procedure within the CPT lexicon is identified with a 5-digit code. These codes reflect services rendered during that episode of care. CPT codes are generated and published by the AMA. CPT codes can be further subdivided into:

- 1. Evaluation and Management Services
- 2. Surgical Services
- 3. Diagnostic Services
- 4. Therapeutic Services

Although there are no CPT codes specific for the diagnosis, evaluation, management or therapeutic intervention in Domestic Violence, it can be anticipated that these patients will require some or all of the following:

- Complex evaluation and management (99303): comprehensive history, comprehensive examination, medical decision making of moderate to high complexity, counseling an/or coordination of care with other providers or agencies.
- 2. Team conferences (99361-2)

- 3. Care plan oversight (99374-5)
- 4. Preventive medicine services (99381)
- 5. Preventive medicine counseling (99401)

Domestic Violence patients tend to be complex cases that require comprehensive interventions. If there is sufficient documentation in the medical record then physicians should be able to code and seek appropriate reimbursement for the time and types of services these patients require.

Developed by C. Mitchell, MD, California Medical Training Center

VII. Resources

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CALIFORNIA
MEDICAL
TRAINING
CENTER

The California Medical Training Center

The California Legislature declared with the enactment of SB 857 in 1995 that "the response of California's health care system to victims of violence, especially women and children, is inconsistent in terms of both access to services and competence of health care workers." The public policy statement went on to say that while services in some metropolitan centers are excellent, access to trained medical practitioners is restricted and unevenly distributed throughout the state. It further stated that many rural, mid-sized counties and geographically large urban areas lack health professionals who are properly trained in providing evidentiary examinations, collection, preservation, and documentation of evidence, and interpretation of findings, and who are experienced in collaborating with the legal community. This results in victims being improperly examined and prosecutors lacking critical evidence. The Legislature proclaimed it necessary to take immediate steps to ensure that there are appropriately trained medical professionals throughout the state. Those steps include responding to the medical care needs of victims of domestic violence, child abuse, elder abuse and sexual assault, and to provide comprehensive, competent evidentiary examinations for use by law enforcement, the criminal justice and social service systems.

The California Medical Training Center is located at UC Davis and was awarded a grant through the Office of Criminal Justice Planning to develop medical-focused trainings for a multi-disciplinary audience that works with victims of violent crimes. While increasing the number of skilled medical examiners is a high priority for the training centers, informing investigative personnel about medical evidentiary exams, the significance of findings, and the proper handling of medical evidence is also a priority for this project.

For more information about the Medical Training Center, contact Janet Heath, Program Manager at 916-734-3834

For more information specific to improving the healthcare response to Domestic Violence, contact Connie Mitchell, MD, Director of Domestic Violence Education at 916-734-4143 or mtc@ucdmc.ucdavis.edu.



State & National Resources for Domestic Violence

Α

ABA Center on Children and the Law, 740 15th Street, NW, Washington, DC 20005-1009 (202) 662-1720

ABA Commission on Legal Problems of the Elderly, 740 15th Street, NW, Washington, DC 20005–1009 (202) 662-8690

Administration on Aging U.S. Department of Health and Human Services, 330 Independence Avenue, SW, Washington, DC 20201 (202) 619-0724

American Academy of Pediatrics, 141 NW Point Blvd., Elk Grove Village, IL 60007 (847) 228-5005

American Bar Association, Commission on Domestic Violence, 740 15th Street, NW, Washington, DC 20005-1009 (202) 662-1737

American Colleges of Nurse Midwives Special Projects Section, 818 Connecticut Avenue, NW, Washington, DC 20006 (202) 728-9863

American College of Obstetricians and Gynecologists Division of Women's Health Issues, 409 12th Street, SW, Washington, DC 20024 (202) 863-2487

В

C

California Medical Training Center at University of California, Davis

3300 Stockton Blvd., Sacramento, CA 95820 Phone: 916-734-4143 Fax: 916-734-4150

URL: web.ucdmc.ucdavis.edu/medtrng

State & National Resources (page 2)

D

Department of Health Services Office Of Multicultural Health Calvin Freeman, Chief Bernadeen Valdez 601 North 7th Street, MS-675, P.O. Box 942732, Sacramento,

CA 94234-7320

Phone: 322-6851; 322-6868 Fax: 324-7763

Department of Justice Law Enforcement Information Center Statistical Data Center, Steve Galeria, Program Manager 4949 Broadway, P.O. Box 903427, Sacramento, CA 94203-4270

Phone: 277-3282 Fax: 227-4760

Department of Housing and Community Development Tom Bettencourt, Program Manager, Homeless Programs 1800 3rd Street, (MS-390-2), Room 390, P.O. Box 952054 Sacramento, CA 94252-2054

Phone: 327-3635 Fax: 263-2824

Department of Mental Health Care Susanne Hughes, Assistant Deputy Director Kathy Styc, 1600 9th Street, Sacramento, CA 95814

Phone: 327-9319 Fax: 327-9337

Department of Industrial Relations Cal/OSHA, Dave Strickler, Sr. Safety Engineer ,Sacramento Regional Office, 12424 Arden Way, Suite 125, Sacramento, CA 95825 Phone: 263-2820 Fax: 263-2824

Department of Social Services Children's Services Branch Wesley Beers, Chief, Jacqueline Barr, 744 P Street, MS 19-83, Sacramento, CA 95814

Phone: 445-2777 Jackie: 445-2873

Department of Justice Attorney General's Crime and Violence Prevention Center, Patty O'Ran 1300 – I Street, P.O. Box 944255, Sacramento, CA 94244-2550

Phone: 322-2930; 322-2900 Fax: 327-2384

State & National Resources (page 3)

Ε

F

Family Violence Prevention Fund, 383 Rhode Island Street, Suite 304, San Francisco, CA 94103-5133 (415) 252-8900 URL: http://endabuse.org

G

Н

Health Resource Center on Domestic Violence Family Violence Prevention Fund, 383 Rhode Island Street, Suite 304, San Francisco, CA 94103-5133 (415) 252-8900

J

K

L

Lideres Campesinas En California, 611 South Rebecca Street, Pomona, CA 91766 (909) 865-7776

M

Maitri, P.O. Box 60111, Sunnyvale, CA 94086 (408) 730-4049

State & National Resources (page 4)

Ν

National Association of Adult Protective Services Administrators

C/O Adult Protective Services New York State Dept. of Social Services, Office of Housing and Adult Services, 20 North Pearl Street, Albany, NY 12243

National Center on Elder Abuse American Public Welfare Association, 810 First Street, NE, Suite 1206, New York, NY 10001 (212) 741-9480

National Child Abuse Hotline (ChildHelp USA) 800-422-4453

National Citizen's Coalition for Nursing Home Reform 1424 16th Street, NW, Suite 202, Washington, DC 20036 (202) 322-2275

National Research Council Institute of Medicine Board on Children and Families, 2101 Constitution Avenue, Washington, DC 20418 (202) 334-1396

National Victim Center, 2111 Wilson Blvd., Suite 300, Arlington, VA 22210 (703) 276-2880

NOW Legal Defense and Education Fund, 99 Hudson Street New York, NY 10013-2871 (212) 925-6635

Nursing Network on Violence Against Women Internal School of Nursing, ORD, Oregon Health Sciences University, 3181 SW Sam Jackson Park Road, Portland, OR 97201-3098

State & National Resources (page 5)

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Office of Criminal Justice Planning, 1130 K Street, Suite LL60, Sacramento, CA 95814 (916)324-9100 URL: www.ocjp.ca.gov

Oakland Men's Project.440 Grand Avenue, Suite 320,Oakland, CA 94610 (510) 835-2433

Older Women's League, 730 11th Street, NW, Suite 700, Washington, DC 20001, (202) 783-6686

Office of Statewide Health Planning and Development Health Facility Data Division, Kathy McCaffrey, Deputy Director: Michael Kassis, 818 K Street, Room 500,

Sacramento, CA 95814

Phone: 323-8399 Michael: 324-0017 Fax: 324-9242 Michael: 324-0076

P

Pacific Center for Violence Prevention, Trauma Center, San Francisco General, 1001 Potrero Avenue., Bldg 1, Rm. 300, San Francisco, CA 94110 (415) 821-8209

Physicians for a Violence-Free Society, P.O. Box 35528, Dallas, TX 75235-0528

Q

R

S

Safenetwork, California Department of Health Services, c/o interface at 1305 Del Norte Road, Camarillo, CA 93010 (888) 723-3111 URL: www.icfs.org/safenetwork/safe

Т

U

V

W

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Y

7

County Resources

California Family Violence Referral Directory, compiled by California Department of Health Services (DHS) Epidemiology and Prevention for Injury Control (EPIC) Branch Family and Domestic Violence Prevention Program

Family Violence Prevention Fund

http://endabuse.org